

loophole in the Orphan Drug Act, which was created to encourage drug companies to research treatments for rare diseases.

It was not intended to prevent competition. With millions of Americans suffering from opioid addiction, it is vital we give them and health care providers every option available. The Fairness in Orphan Drug Exclusivity Act will help expand access for those suffering from addiction by making innovative treatments available.

I urge my colleagues to support the passage of H.R. 4712.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 4712, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

STATE OPIOID RESPONSE GRANT AUTHORIZATION ACT OF 2020

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2466) to extend the State Opioid Response Grants program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2466

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “State Opioid Response Grant Authorization Act of 2020”.

SEC. 2. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO SUBSTANCE USE DISORDERS OF SIGNIFICANCE.

(a) IN GENERAL.—Section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended to read as follows:

“SEC. 1003. GRANT PROGRAM FOR STATE AND TRIBAL RESPONSE TO SUBSTANCE USE DISORDERS OF SIGNIFICANCE.

“(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the ‘Secretary’) shall carry out the grant program described in subsection (b) for purposes of addressing substance use disorders of significance, including opioid and stimulant use disorders, within States, Indian Tribes, and populations served by Tribal organizations and Urban Indian organizations.

“(b) GRANTS PROGRAM.—

“(1) IN GENERAL.—The Secretary shall award grants to States, Indian Tribes, Tribal organizations, and Urban Indian organizations for the purpose of addressing substance use disorders of significance, including opioid and stimulant use disorders, within such States, such Indian Tribes, and populations served by such Tribal organizations and Urban Indian organizations, in accordance with paragraph (2).

“(2) MINIMUM ALLOCATIONS; PREFERENCE.—In awarding grants under paragraph (1), the Secretary shall—

“(A) ensure that each State and the District of Columbia receives not less than \$4,000,000; and

“(B) give preference to States, Indian Tribes, Tribal organizations, and Urban Indian organizations whose populations have

an incidence or prevalence of opioid use disorders that is substantially higher relative to the populations of other States, Indian Tribes, Tribal organizations, or Urban Indian organizations, as applicable.

“(3) FORMULA METHODOLOGY.—Not less than 15 days before publishing a funding opportunity announcement with respect to grants under this section, the Secretary shall—

“(A) develop a formula methodology to be followed in allocating grant funds awarded under this section among grantees, which includes performance assessments for continuation awards; and

“(B) submit the formula methodology to—

“(i) the Committee on Energy and Commerce and the Committee on Appropriations of the House of Representatives; and

“(ii) the Committee on Health, Education, Labor and Pensions and the Committee on Appropriations of the Senate.

“(4) USE OF FUNDS.—Grants awarded under this subsection shall be used for carrying out activities that supplement activities pertaining to substance use disorders of significance, including opioid and stimulant use disorders, undertaken by the State agency responsible for administering the substance abuse prevention and treatment block grant under subpart II of part B of title XIX of the Public Health Service Act (42 U.S.C. 300x–21 et seq.), which may include public health-related activities such as the following:

“(A) Implementing prevention activities, and evaluating such activities to identify effective strategies to prevent substance use disorders.

“(B) Establishing or improving prescription drug monitoring programs.

“(C) Training for health care practitioners, such as best practices for prescribing opioids, pain management, recognizing potential cases of substance abuse, referral of patients to treatment programs, preventing diversion of controlled substances, and overdose prevention.

“(D) Supporting access to health care services, including—

“(i) services provided by federally certified opioid treatment programs;

“(ii) outpatient and residential substance use disorder treatment services that utilize medication-assisted treatment, as appropriate; or

“(iii) other appropriate health care providers to treat substance use disorders.

“(E) Recovery support services, including community-based services that include peer supports, address housing needs, and address family issues.

“(F) Other public health-related activities, as the State, Indian Tribe, Tribal organization, or Urban Indian organization determines appropriate, related to addressing substance use disorders within the State, Indian Tribe, Tribal organization, or Urban Tribal organization, including directing resources in accordance with local needs related to substance use disorders.

“(c) ACCOUNTABILITY AND OVERSIGHT.—A State receiving a grant under subsection (b) shall include in reporting related to substance abuse submitted to the Secretary pursuant to section 1942 of the Public Health Service Act (42 U.S.C. 300x–52), a description of—

“(1) the purposes for which the grant funds received by the State under such subsection for the preceding fiscal year were expended and a description of the activities of the State under the grant; and

“(2) the ultimate recipients of amounts provided to the State through the grant.

“(d) LIMITATIONS.—Any funds made available pursuant to subsection (i) shall be subject to the same requirements as substance abuse prevention and treatment programs

under titles V and XIX of the Public Health Service Act (42 U.S.C. 290aa et seq., 300w et seq.).

“(e) INDIAN TRIBES, TRIBAL ORGANIZATIONS, AND URBAN INDIAN ORGANIZATIONS.—The Secretary, in consultation with Indian Tribes, Tribal organizations, and Urban Indian organizations, shall identify and establish appropriate mechanisms for Indian Tribes, Tribal organizations, and Urban Indian organizations to demonstrate or report the information as required under subsections (b), (c), and (d).

“(f) REPORT TO CONGRESS.—Not later than September 30, 2022, and biennially thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives, and the Committees on Appropriations of the House of Representatives and the Senate, a report summarizing the information provided to the Secretary in reports made pursuant to subsections (c) and (e), including the purposes for which grant funds are awarded under this section and the activities of such grant recipients.

“(g) TECHNICAL ASSISTANCE.—The Secretary, including through the Tribal Training and Technical Assistance Center of the Substance Abuse and Mental Health Services Administration, shall provide States, Indian Tribes, Tribal organizations, and Urban Indian organizations, as applicable, with technical assistance concerning grant application and submission procedures under this section, award management activities, and enhancing outreach and direct support to rural and underserved communities and providers in addressing substance use disorders.

“(h) DEFINITIONS.—In this section:

“(1) INDIAN TRIBE.—The term ‘Indian Tribe’ has the meaning given the term ‘Indian tribe’ in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(2) TRIBAL ORGANIZATION.—The term ‘Tribal organization’ has the meaning given the term ‘tribal organization’ in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5304).

“(3) URBAN INDIAN ORGANIZATION.—The term ‘Urban Indian organization’ has the meaning given to that term in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

“(4) STATE.—The term ‘State’ has the meaning given such term in section 1954(b) of the Public Health Service Act (42 U.S.C. 300x–64(b)).

“(i) AUTHORIZATION OF APPROPRIATIONS.—

“(1) IN GENERAL.—For purposes of carrying out the grant program under subsection (b), there is authorized to be appropriated \$1,585,000,000 for each of fiscal years 2021 through 2026, to remain available until expended.

“(2) FEDERAL ADMINISTRATIVE EXPENSES.—Of the amounts made available for each fiscal year to award grants under subsection (b), the Secretary shall not use more than 2 percent for Federal administrative expenses, training, technical assistance, and evaluation.

“(3) SET ASIDE.—Of the amounts made available for each fiscal year to award grants under subsection (b) for a fiscal year, the Secretary shall—

“(A) award 5 percent to Indian Tribes, Tribal organizations, and Urban Indian organizations; and

“(B) of the remaining amount, set aside up to 15 percent for States with the highest age-adjusted rate of drug overdose death based on the ordinal ranking of States according to the Director of the Centers for Disease Control and Prevention.”.

(b) CLERICAL AMENDMENT.—The table of sections in section 1(b) of such Act is amended by striking the item relating to section 1003 and inserting the following:

“Sec. 1003. Grant program for State and Tribal response to substance use disorders of significance.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2466.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 2466, the State Opioid Response Grant Authorization Act of 2020.

While the coronavirus pandemic is at the forefront of our minds, the opioid epidemic and evolving drug crisis also continues to be a public health emergency that we must also address.

According to the Centers for Disease Control and Prevention, more than 750,000 Americans have died since 1999 from a drug overdose, and in 2018 two out of three drug overdose deaths involved an opioid. Recent data from the 2019 National Survey on Drug Use and Health indicates that over 20 million Americans have a substance use disorder and, unfortunately, only a fraction of those Americans receive the care they need.

Building upon congressional efforts like the 21st Century Cures Act and the SUPPORT for Patients and Communities Act, this bill would authorize the Substance Abuse and Mental Health Services Administration, or SAMHSA, State Opioid Response, SOR, grant program and align the authorization with authorities in the 21st Century Cures Act to meet the current needs of States. Assistant Secretary for Health, Admiral Brett Giroir, testified before our committee, Mr. Speaker, that SAMHSA's SOR grants provide a high degree of flexibility to States working to combat the drug epidemic.

The SAMHSA SOR grant program has been funded through appropriations legislation since fiscal year 2018, but it does not have a statutory authorization. With this bill, we are ensuring that both the Federal support and flexibility continue into the future.

Currently, SOR grants help communities tackle the drug crisis by reducing barriers to medication-assisted treatment for opioid use disorder, effectively chipping away at the treatment gap. The grants aid in reducing drug overdose-related deaths by supporting prevention and recovery activi-

ties across the States. This program also supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, which is a growing issue, also, in many regions of the country.

So I commend the lead sponsors of this legislation, Representatives TRONE, ARMSTRONG, SHERRILL, and RIGGLEMAN, and their staffs for their tireless work on this bill. I also thank the Democratic and Republican members of the committee, as well as bipartisan committee staff, for working together to move this bill. I hope that the Senate will act on this legislation sooner rather than later.

Mr. Speaker, the drug crisis continues to affect all walks of life. They are our friends, our family, and our neighbors.

Mr. Speaker, I urge my colleagues to support this bill, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I too rise in support of H.R. 2466, the State Opioid Response Grant Authorization Act which, as you heard, was introduced by Representatives TRONE, ARMSTRONG, SHERRILL, and RIGGLEMAN.

I would like to thank Representative TRONE for leading this work on this bill and for working with us to get the language to a good place. We appreciate that.

When I chaired the Energy and Commerce Committee, I think we passed out something like 60 or more pieces of legislation dealing with the opioid crisis. All of them were cosponsored by Democrats and Republicans—bipartisan effort—that became the SUPPORT Act signed by President Trump into law now almost over 2 years ago. I just want to say this epidemic continues, and so does our work. It has been made worse by the pandemic as people have turned to these sorts of medications to help themselves cope, and it is sad.

This important bill would authorize appropriations for the Substance Abuse and Mental Health Services Administration's State Opioid Response grant program by placing it under the 21st Century Cures Act, which first established State Response to Opioid Abuse Crisis grants.

The United States remains in the midst of this opioid crisis, and it has been exacerbated, as I said, by the COVID-19 pandemic. But Federal grants have provided a substantial level of support for innovative and lifesaving programs in States across the country that are on the front-lines of addressing substance use disorders. By authorizing this grant program and aligning it with the initiatives established in the 21st Century Cures Act, H.R. 2466 would ensure continued, reliable support for substance use disorder prevention, treatment, and recovery efforts.

Of course, Mr. Speaker, I strongly lend my support to passage of this leg-

islation, and I join with the chairman of the committee, Mr. PALLONE, in urging our colleagues across the building to act swiftly on this.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 4 minutes to the gentleman from Maryland (Mr. TRONE), who is the sponsor of the legislation.

Mr. TRONE. Mr. Speaker, I rise today to urge my colleagues to support my bill, the State Opioid Response Grant Authorization Act. This bill directly addresses the country's worsening opioid crisis as we continue to see overdose deaths surge during the COVID-19 pandemic.

This bipartisan bill authorizes \$9 billion over 6 years in flexible funding through grants for States and Tribes to fight the opioid epidemic on the front lines.

This bill helps provide States the steady, sustained, and consistent money they need for programs to: Prevent addiction through evidence-based programs;

Increase access to outpatient and residential treatment, particularly through medication-assisted treatment;

Prevent overdoses by expanding naloxone distribution;

And support individuals in recovery with recovery housing and peer supports.

Since 2000, there have been over 550,000 deaths from opioids, and the CDC estimates the cost to our country is \$78.5 billion per year. There is no magic bullet to fix the opioid crisis. There will be no vaccine. We need consistent funding to help save these lives.

Last year, nearly 71,000 people died from an overdose—the most ever. The COVID-19 pandemic will push these numbers even higher.

In western Maryland, we have seen an increase of overdose deaths from the first half of 2020 compared to the first half of 2019 by 46 percent up in Washington County, 50 percent up in Garrett County, and 54 percent up in Allegany County.

Across the country, over 40 States have reported an increase in overdose deaths since the start of this pandemic. These numbers are absolutely tragic and unacceptable. We must act.

Mr. Speaker, the opioid epidemic does not know the color of your skin, where you live, or your political party. The opioid epidemic destroys everything in its path.

It hit my family, too. On December 31, 2016, my nephew, Ian Jacob Trone, died alone in a hotel room from a fentanyl overdose.

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Ian was in recovery for 13 of the last 16 months of his life, but it only took one moment to take him away from us forever.

Mr. Speaker, when I came to Congress, I spoke to the Governor of our State, county and State leaders, hospital administrators, direct providers,

and stakeholders across the country, from Georgia to Kentucky to North Dakota. I spoke to treatment services across my district: Awakenings Recovery in Hagerstown; Fort Recovery in Cumberland; Ideal Option in Frederick; Wells/Robertson House in Montgomery County; and Brooke's House in Hagerstown.

The message I heard from everyone was loud and clear: State, local, and Tribal governments need the Federal Government to be a steady partner in the fight against addiction.

I thank Chairman PALLONE and Ranking Member WALDEN of the Committee on Energy and Commerce, and the Energy Subcommittee on Health Chairwoman ESHOO and Ranking Member BURGESS, for considering this bill.

I also extend my sincere thanks to Freshmen Working Group on Addiction members KELLY ARMSTRONG, MIKIE SHERRILL, and DENVER RIGGLEMAN for helping me introduce this bill.

I want to take a moment to call out and thank Congressman RIGGLEMAN, who has been a fantastic member of our working group and a champion on this issue. He will be greatly missed in this institution.

Together, the Freshmen Working Group on Addiction has introduced over 50 bipartisan bills to address addiction and mental health in the last 2 years. We have shown what is possible if you put aside partisan politics, focus on an issue, and work hard to make real change.

Investing in this bill's grants will save lives and save money.

Mr. Speaker, I urge a "yes" vote.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want my friend from Maryland to know that we all are sympathetic to what his family has gone through and the loss that he has suffered. That is a very difficult story to tell.

When we were working on all the legislation in the last Congress, I met with a lot of families who had suffered similar fates, and it is just a tragedy. So I commend him for his work in a bipartisan way on this issue.

And our friend from Virginia, Mr. RIGGLEMAN, who I am going to yield to, he has been a terrific legislator during his term in Congress and a good friend. I know how deeply he cares about this issue, and his willingness to work in a bipartisan way should be recognized by all of us.

Mr. Speaker, I yield 3 minutes to the gentleman from Virginia (Mr. RIGGLEMAN).

Mr. RIGGLEMAN. Mr. Speaker, I thank my good friend, Representative WALDEN, Congressman PALLONE, and also DAVID TRONE.

Our Freshman Working Group has been incredible on this issue. It is interesting how it has come full circle.

Mr. Speaker, 2 years ago, in my very first speech on the floor of the House of Representatives, I called on Congress to act and address the opioid addiction

crisis that causes tens of thousands of deaths every year. During the 2 years since that speech, I have been working hard to provide solutions and take positive steps to address the crisis.

I also have become more aware of the harm the opioid epidemic has caused in our streets and in our districts. I have seen how the crisis has affected the friends and the family members of so many, including some in this Chamber today, like my dear friend DAVID TRONE, who tragically lost his nephew to an opioid overdose.

I have been personally affected by this crisis, and I know the toll it takes on those affected and the people who love them. I was sitting at my desk in Congress about 1 year ago when I got the call that my cousin Trey had overdosed, not far from where I was sitting. I talked about this with Congressman TRONE. We knew we had to do something.

I think that is why we have to thank Members like Representative SHERRILL and Representative ARMSTRONG for their incredible support in this.

Trey and Ian, I think this bill is for them and all the people who have suffered through this incredible scourge.

Mr. Speaker, the bill before us today starts to address some of those challenges and is a positive step toward combating the very real crisis of opioid addiction that has had devastating consequences for families across this Nation.

Obviously, I strongly support H.R. 2466, the State Opioid Response Grant Authorization Act of 2020. Not only must Congress act to address this crisis, but we must lead. I chose to colead this bill because it will help countless numbers of my constituents, and it is the right thing to do. But I have to applaud the efforts of my dear friend DAVID TRONE and all the members of the Freshmen Working Group on Addiction.

Mr. Speaker, I urge my colleagues to support this bill. Again, I don't think I can say this any stronger: This bill is for Trey and Ian, and this bill is for all those affected by the overdoses, the awfulness that happens within each family.

Mr. PALLONE. Mr. Speaker, I have no additional speakers, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I have no additional speakers on this important legislation. I encourage my colleagues to support the bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also urge my colleagues to support the bill, and I yield back the balance of my time.

Mr. CICILLINE. Mr. Speaker, America's opioid crisis is far from resolved.

According to the American Medical Association, over 40 states have reported an increase in opioid overdose deaths since the beginning of the pandemic.

Despite the steady decrease in opioid related deaths in 2017, 2018, and 2019, the

COVID-19 pandemic has intensified the opioid epidemic in Rhode Island.

Opioid overdose remains the leading cause of accidental death in Rhode Island.

In the first seven months of 2020, Rhode Island experienced a 33 percent increase in overdose deaths compared to the same period last year.

And every day we are at risk of losing more and more people to overdoses, with recent numbers showing that Black and Hispanic Rhode Islanders are disproportionately experiencing overdose related deaths.

Over the years, State Opioid Response funding has been critical to responding to this deadly epidemic. This funding has helped to provide Rhode Islanders with adequate resources to combat drug abuse and prevent overdoses before they turn deadly.

State Opioid Response funding has allowed for more support and treatment for people suffering from addiction to get the help they need and put them on a path toward recovery.

This funding increases access to naloxone so that people in our communities are trained on identifying an opioid overdose and know how to stop the harmful effects of overdose.

As we say in Rhode Island, "an overdose doesn't mean it's over. Naloxone saves lives."

State Opioid Response funding saves lives.

While we continue to fight against the COVID-19 pandemic, we must also ensure that states' are supported to continue their fight against the opioid epidemic.

I thank Representative TRONE for introducing H.R. 2466, the State Opioid Response Grant Authorization Act of 2020 to make sure we meet the needs of responding to the opioid epidemic in communities across this country.

I urge my colleague to support this important legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 2466, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

EASY MEDICATION ACCESS AND TREATMENT FOR OPIOID ADDICTION ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2281) to direct the Attorney General to amend certain regulations so that practitioners may administer not more than 3 days' medication to a person at one time when administering narcotic drugs for the purpose of relieving acute withdrawal symptoms, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2281

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Easy Medication Access and Treatment for Opioid Addiction Act" or the "Easy MAT for Opioid Addiction Act".